

APPLICATION PACKET CHECKLIST

- Employment Application Completed ☐
- Release of Information Agreement(Goldenrod) ☐
- Résumé ☐
- Letter of Interest and Qualifications ☐
- College Diploma/Transcripts ☐
- Three Professional Background Inquiries ☐
- Two Performance Evaluations ☐
- Motor Vehicle 5-Year History ☐
- Application Packet Checklist ☐
- Physical Ability Statement (Purple) ☐
- Conditions of Employment (Yellow) ☐
- Applicant Self-Screening (Green) ☐

(Please ensure that you have included all of the above listed items in your application packet)

Date Returned:

Applicant Name: _____
Date: _____

Coconino County Adult Probation Department

Employment Application

FOLLOW DIRECTIONS CAREFULLY

1. Use ink to complete questionnaire
2. Complete in your handwriting or printing
3. Write or print legibly
4. Read each question carefully
5. Answer each question completely and accurately
6. Answer all questions
7. If a question does not apply, write N/A in the space
8. If you need additional space, write on back of page
9. Sign the consent to polygraph examination form
10. Have notarized Page 1 and 14 of this application
11. When completed, return to:

mail: Hiring Officer
 Coconino County Adult Probation Department
 110 E. Cherry Ave.
 Flagstaff, Arizona 86001

In person: Coconino County Adult Probation
 222 E. Birch Ave.
 Flagstaff, Arizona 86001

Telephone Number: (928)226-5650

Note:

Failure to follow instructions, incomplete information, or illegible answers will delay the application process or eliminate you from further processing. Please print/write legibly.

*Include complete address: Street Address, City, State, and Zip Code

*Include complete telephone numbers: Area Code and 7-Digit Number

*Include your Resume

Coconino County Adult Probation Department

Date: _____

Position Applying for (check one):

- ☐ Probation Officer I
☐ Probation Officer II
☐ Probation Officer III
☐ Other (please state) _____

☐ Full-Time

☐ Part-Time

TO THE APPLICANT:

Those who will be considering you for employment with the Coconino County Adult Probation Department will use this questionnaire for reference.

An extensive background investigation of your personal/professional history will be conducted.

Applicants will be required to take a polygraph examination to confirm the information in this questionnaire and to determine other items of background information. Probation Officer applicants will be required to take a psychological examination.

I understand that I will not receive, and I am not entitled to, a copy of the report or to know its contents, and I further understand that the contents will be used in an evaluation process for employment with the Coconino County Adult Probation Department. Further, that no documents submitted by me will be returned and no copies of any other reports or documents utilized for or during my application for employment will be furnished or given to me. If I am not selected for employment, I WILL NOT BE ADVISED OF THE REASONS FOR NON-SELECTION.

Where written explanations are required in this form, it is MANDATORY that the information be listed TOTALLY AND COMPLETELY.

The existence of any of the conditions listed on the second page of this application may result in rejection from the selection process. These areas will be explored during an extensive background investigation and polygraph examination.

PLEASE CONFIRM YOU HAVE READ, UNDERSTAND, AND AGREE TO THE AFOREMENTIONED CONDITIONS AND CRITERIA BY SIGNING BELOW.

Signature

Date

For Notary Public:

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public

Coconino County is an Equal Employment Opportunity and Affirmative Action Employer.

Disqualifiers for Officer and Safety Sensitive Position Applicants.

1. Departments shall disqualify an applicant for appoint if:
 - a. The applicant is awaiting trial for, or has been convicted of a felony offense in this state or a similar offense in another state or jurisdiction, whether or not the conviction was sealed or expunged.
 - b. An applicant for a adult probation officer position is awaiting trial or has been convicted of or admitted committing any offense listed A.R.S. 8-203.01 or a similar offense in another state or jurisdiction whether or not the conviction has been sealed or expunged.
 - c. The applicant is awaiting trial for, or has been convicted of the following misdemeanor criminal offenses in this state or similar offenses in another state or jurisdiction:
 - (1) A violent misdemeanor offense, including an offense that involves domestic violence;
 - (2) A DUI within the last 36 months, or more than one DUI; or
 - (3) More than one offense while legally intoxicated within 36 months.
 - d. The applicant sold, produced, manufactured, cultivated, or transported any illegal substance or drug.
 - e. The applicant used any illegal substance, including marijuana, while employed as a probation officer or in a position with peace officer status.
 - f. The applicant has been disciplined for more than one incident for use of alcohol during previous employment.
 - g. The applicant has been dishonorably discharged from the United States Armed Services.
2. Departments may disqualify an applicant for appointment if the applicant has been adjudicated delinquent for a felony offense in this state or a similar offense in another state or jurisdiction, whether or not the adjudication has been sealed or expunged based upon circumstances of the offense including, but not limited to I(3)(a) through (d).
3. Use of marijuana within the past 12 months.
4. Use of dangerous drugs and/or narcotics within the past five (5) years.
5. Abuse of or addiction to prescription drugs.
6. Any sexual conduct prohibited by law.
7. Lack of financial responsibilities as indicated by your responses to the attached questions.
8. Does not meet education requirements of the position.
9. Non-U.S. citizen or not eligible for work in the United States.
10. Younger than 21 years of age.

Past offenses may not disqualify you as long as it does not occur during the above time lines, but lying about or failing to disclose past or present offenses WILL.

Where necessary, use the reverse side of the page to complete answers throughout this questionnaire.

I. PERSONAL INFORMATION

Last Name	First Name	Middle Name (full)
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Social Security Number Province)	Date of Birth	Place of Birth (City and State or
-------------------------------------	---------------	-----------------------------------

Current Address (Street & Number)	City	State	Zip Code
-----------------------------------	------	-------	----------

Length of time at current address?____(i.e. years, months, etc.)

Home Phone #	Work Phone #	Message Phone #
--------------	--------------	-----------------

Height	Weight	Hair Color	Eye Color
--------	--------	------------	-----------

List any other names, social security numbers, and/or dates of birth you have used other than above.

Current Employment Work Hours	Days Off	Will you work various shifts?_____
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List all residences in the last ten (10) years:

Address (Number & Street)	City	State	Zip Code	Dates from – to
---------------------------	------	-------	----------	-----------------

Address (Number & Street)	City	State	Zip Code	Dates from – to
---------------------------	------	-------	----------	-----------------

Address (Number & Street)	City	State	Zip Code	Dates from – to
---------------------------	------	-------	----------	-----------------

Address (Number & Street)	City	State	Zip Code	Dates from – to
---------------------------	------	-------	----------	-----------------

Address (Number & Street)	City	State	Zip Code	Dates from – to
---------------------------	------	-------	----------	-----------------

EMERGENCY CONTACT:_____

ADDRESS:_____

DAYTIME PHONE NO.:_____

II. MARITAL STATUS (check one)

()Married ()Single ()Separated ()Widowed ()Co-Habitat

If male and married, list wife's maiden name:_____

Spouse's Name	Date of Birth	Spouse's Occupation
---------------	---------------	---------------------

Child's Name	Date of Birth	Address
--------------	---------------	---------

Child's Name	Date of Birth	Address
--------------	---------------	---------

Child's Name	Date of Birth	Address
--------------	---------------	---------

Child's Name	Date of Birth	Address
--------------	---------------	---------

List all persons with whom you have lived with during the past five (5) years. Do not include family members.

Name	Street Address	City, State, Zip Code	Telephone w/Area Code	Relationship

Family References: List all immediate relatives: parents, siblings, in-laws, and ex-spouses.

Name	Relationship	Age	Street Address	City/State/Zip Code	Telephone w/Area Code

EMPLOYMENT HISTORY

List all places of employment and unemployment in the past ten (10) years, beginning with the present and most recent employer and going backwards. List everything in proper sequence, OMIT NONE! (Use the following page if necessary.)

Month & Year:

From: _____

To: _____

Name of Employer

Supervisor

Employer Address

City

State

Zip Code

Salary History

Start: _____

End: _____

Employer Telephone # w/Area Code

Reason(s) for leaving (i.e.: resigned, laid off, terminated)

Month & Year:

From: _____

To: _____

Name of Employer

Supervisor

Employer Address

City

State

Zip Code

Salary History

Start: _____

End: _____

Employer Telephone # w/Area Code

Reason(s) for leaving (i.e.: resigned, laid off, terminated)

Month & Year:

From: _____

To: _____

Name of Employer

Supervisor

Employer Address

City

State

Zip Code

Salary History

Start: _____

End: _____

Employer Telephone # w/Area Code

Reason(s) for leaving (i.e.: resigned, laid off, terminated)

Month & Year:

From: _____

To: _____

Name of Employer

Supervisor

Employer Address

City

State

Zip Code

Salary History

Start: _____

End: _____

Employer Telephone # w/Area Code

Reason(s) for leaving (i.e.: resigned, laid off, terminated)

Month & Year:
From: _____
To: _____

Name of Employer

Supervisor

Employer Address

City

State

Zip Code

Salary History

Start: _____

End: _____

Employer Telephone # w/Area Code

Reason(s) for leaving (i.e.: resigned, laid off, terminated)

Month & Year:

From: _____

To: _____

Name of Employer

Supervisor

Employer Address

City

State

Zip Code

Salary History

Start: _____

End: _____

Employer Telephone # w/Area Code

Reason(s) for leaving (i.e.: resigned, laid off, terminated)

Month & Year:

From: _____

To: _____

Name of Employer

Supervisor

Employer Address

City

State

Zip Code

Salary History

Start: _____

End: _____

Employer Telephone # w/Area Code

Reason(s) for leaving (i.e.: resigned, laid off, terminated)

Month & Year:

From: _____

To: _____

Name of Employer

Supervisor

Employer Address

City

State

Zip Code

Salary History

Start: _____

End: _____

Employer Telephone # w/Area Code

Reason(s) for leaving (i.e.: resigned, laid off, terminated)

REFERENCES

List three (3) references (not relatives or former employers) who are responsible adults and who have known you well during the past five (5) years. INCLUDE PHONE NUMBERS WITH AREA CODES.

	()				
Name	Address	City	State	Zip Code	Home Phone #

	()				
How long known?	Relationship?	Occupation & Business Address	Work Phone #		

	()				
Name	Address	City	State	Zip Code	Home Phone #

	()				
How long known?	Relationship?	Occupation & Business Address	Work Phone #		

	()				
Name	Address	City	State	Zip Code	Home Phone #

	()				
How long known?	Relationship?	Occupation & Business Address	Work Phone #		

List the names of any acquaintances employed by the Coconino County Adult Probation Department.

Have you ever applied to or been employed by Coconino County in any capacity as a paid employee or volunteer?

_____ Yes _____ No If Yes, Date(s) & Position(s) held: _____

Have you ever applied with a Court or Probation Department?

_____ Yes _____ No If Yes, please explain (use back of page if necessary) _____

Date	Name of Agency	Status of Application
------	----------------	-----------------------

Date	Name of Agency	Status of Application
------	----------------	-----------------------

Date	Name of Agency	Status of Application
------	----------------	-----------------------

Have you ever had any involvement or association with another Court or Probation Department, either as a volunteer or paid employee?

_____ Yes _____ No If Yes, When and Where? _____

Have you every received any self defense tactics training? _____ Yes _____ No If Yes, explain: _____

When	Where	Type of Training
------	-------	------------------

EDUCATION AND TRAINING

List all schools (high school, colleges, universities, and graduate schools) you have attended. List GED date if applicable.

DATE GRADUATED	SCHOOL NAME	ADDRESS	DIPLOMA RECEIVED	MAJOR

List any skills or abilities possessed (include foreign languages):

Military Status:

Have you ever served in the United States Armed Forces in any capacity? _____ Yes _____ No

If Yes, please explain:

Entry Date	Rank/Branch/Organization	Discharge Type	Date
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Are you registered with the Selective Service? _____ Yes _____ No _____ N/A

If Yes, please explain:

Local Board #	Address	Draft Class	Date Classified
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How did you learn about the position you have applied for? _____

List any other training, certifications, or experience (either volunteer or paid), which you feel relates to the position for which you are applying. Include dates, number of hours per week, company/organization name, job title, duties, etc.

ARREST HISTORY:

Have you ever been given a citation, ticket, arrested, convicted, charged or questions for any offense, violation of any statute or ordinance, law regulation by any civil or military authority? (Include any convictions or adjudications as a juvenile.)

_____ Yes _____ No If Yes, please describe below:

Date	Location	Arresting Agency	Original Charge	Charge Reduced to:	Disposition/Court Action

CIVIL ACTION: (List all civil actions in which you were a party.)

Date	Location/Court	Action or Proceeding	Disposition/Court Action

DRIVING HISTORY:

List below any Traffic and/or Parking citations since you began driving in this county or any other county.

Date	Location	Issuing Agency	Original Charge	Charge Reduced to:	Disposition	Accident Related Yes or No

Do you currently possess a valid Arizona Driver's License? _____ Yes _____ No

License Number and Type/Class

Expiration Date

Have you ever been licensed to drive in another state? _____ Yes _____ No If Yes, list below:

State of issuance

License Type/Class

Have you ever had your license revoked, suspended, or restricted? _____ Yes _____ No If Yes, please explain:

State

Illegal Use of Drugs/Controlled Substances:

TYPE OF DRUG	HAVE YOU EVER TRIED? ANSWER "YES" OR "NO"	IF "YES", HOW MANY TIMES?	HOW MANY TIMES AFTER AGE 21?	DATE FIRST USED	DATE LAST USED	HAVE YOU EVER SOLD, PRODUCED, MANUFACTURED, CULTIVATED, SMUGGLED, OR TRANSPORTED FOR SALE OR PERSONAL GAIN? ANSWER "YES" OR "NO"
Marijuana						
Hashish						
Cocaine/Crack						
Methamphetamine/ Speed						
Heroin						
Opium						
Morphine						
LSD/Acid						
Peyote						
Mescaline						
Steroids						
Any other Illegal Drugs						
Illegal Use of Prescriptions						

If you answered "yes" on any of the areas above, provide a full explanation on a continuation sheet. Include, if applicable, the following information:

- How the drug was ingested or consumed;
- The duration of usage;
- The motivation for such use;
- How the drug was obtained;
- Why you stopped using the drug;
- Any other factors you believe are relevant.

ANSWER THE FOLLOWING QUESTIONS

(Use space following each question for detailed explanations)

- | | | | |
|-----|--|--------|-------|
| 1. | Have you ever had your wages attached? | YES() | NO() |
| 2. | Have you ever been a party to a small claims or other court action? | YES() | NO() |
| 3. | Have you ever been involved with any civil court action? | YES() | NO() |
| 4. | Have you ever had judgement rendered against you? | YES() | NO() |
| 5. | Have you ever been refused credit? | YES() | NO() |
| 6. | Have you ever had any property repossessed? | YES() | NO() |
| 7. | Have you ever been fired, discharged, or asked to resign from any position? | YES() | NO() |
| 8. | Have the police ever been called to your home? | YES() | NO() |
| 9. | Have you ever committed any criminal violation that has gone undetected? | YES() | NO() |
| 10. | Have you or your spouse ever been sued or summoned into court? | YES() | NO() |
| 11. | Have any relatives of yours ever had any gambling debts? | YES() | NO() |
| 12. | Do you now or have you ever had any gambling debts? | YES() | NO() |
| 13. | Have you ever used an employer's money to gamble with? | YES() | NO() |
| 14. | Have you ever worked for a gambling operation or booked any bets? | YES() | NO() |
| 15. | Have you ever had an FBI fingerprint check done for any reason? | YES() | NO() |
| 16. | In any employment setting, including military service, have you received any verbal or written reprimands or suspensions for violations of company policy? | YES() | NO() |
| 17. | Would you have any difficulty in working or dealing with members of the opposite sex, different origin, race, religion, or nationality? | YES() | NO() |
| 18. | In any job that you have held, have you been involved in any physical or major verbal confrontations? | YES() | NO() |
| 19. | Would you be able to follow direct orders, even though you may not agree with them? | YES() | NO() |
| 20. | In any previous employment setting, were you ever exposed to any high stress or an extreme emergency condition? | YES() | NO() |
| 21. | Have you ever left a place of employment without giving at least two weeks notice? | YES() | NO() |
| 22. | Have you ever operated a motor vehicle while under the influence of alcohol or drugs, to the point that you knew you should not have been drinking or using drugs? | YES() | NO() |
| 23. | Have you ever been extensively delinquent on any of your financial obligations? | YES() | NO() |
| 24. | Have you ever filed for bankruptcy? | YES() | NO() |
| 25. | Have you ever had any of your financial obligations turned over to a collection agency? | YES() | NO() |
| 26. | Are you now current on your financial obligations? | YES() | NO() |
| 27. | Have you ever been placed on court supervision or probation? | YES() | NO() |
| 28. | Have you ever had any court proceedings expunged? | YES() | NO() |
| 29. | Have you been unemployed during the last ten (10) years? If yes, please explain below how you supported yourself. | YES() | NO() |

(Questions continued)

30. Do you pay child support or spousal maintenance? YES() NO()
31. Are your support payments current? YES() NO()

PLEASE USE THIS AREA TO EXPLAIN YOUR YES ANSWERS FOR ANY OF QUESTIONS 1 – 31

List the Date of Each Occurrence

QUESTION #	DATE	EXPLANATION

Do you need an accommodation in the application or testing process due to a disability?

_____Yes _____No If Yes, please describe the desired accommodation: _____

CERTIFICATION FORM FOR EMPLOYMENT WITH
COCONINO COUNTY ADULT PROBATION

NAME: _____

SOCIAL SECURITY #: _____

ADDRESS: _____

DATE OF BIRTH: _____

Are you awaiting trial on or have you ever been convicted of any of the following criminal offenses in this state or similar offenses in another state or jurisdiction? (Answer "YES" or "NO" to each listed offense.)

YES	NO		
[]	[]	1.	SEXUAL ABUSE OF A MINOR
[]	[]	2.	INCEST
[]	[]	3.	FIRST OR SECOND DEGREE MURDER
[]	[]	4.	KIDNAPPING
[]	[]	5.	ARSON
[]	[]	6.	SEXUAL ASSAULT
[]	[]	7.	SEXUAL EXPLOITATION OF A MINOR
[]	[]	8.	CONTRIBUTING TO THE DELINQUENCY OF A MINOR
[]	[]	9.	COMMERCIAL SEXUAL EXPLOITATION OF A MINOR
[]	[]	10.	FELONY OFFENSE INVOLVING DISTRIBUTION OF MARIJUANA OR DANGEROUS OR NARCOTIC DRUGS
[]	[]	11.	BURGLARY
[]	[]	12.	ROBBERY
[]	[]	13.	A DANGEROUS CRIME AGAINST CHILDREN AS DEFINED IN A.R.S. §13-604.01
[]	[]	14.	CHILD ABUSE
[]	[]	15.	SEXUAL CONDUCT WITH A MINOR
[]	[]	16.	MOLESTATION OF A CHILD
[]	[]	17.	MANSLAUGHTER
[]	[]	18.	AGGRAVATED ASSAULT

Have you been charged with any of the above offenses and had charges reduced (plea bargain, etc.)?

[] Yes [] No

If you have answered "YES", please provide specific information regarding your response (e.g. date, court, sentence or other disposition). Use the back of this form if necessary.

Have you ever committed:

YES	NO		
[]	[]	1.	Any act of sexual abuse of a child including sexual exploitation and commercial sexual exploitation; or
[]	[]	2.	Any act of child abuse?

Are you now or have you ever been on probation, been jailed, or otherwise been involved with Adult Probation or the Criminal Justice system?
[] YES [] NO

If you have answered "YES", please provide specific information regarding your response (e.g. date, court, sentence or other disposition). Use the back of this form if necessary.

I hereby certify, under penalties of perjury, that the answers given above are true and correct to the best of my knowledge and belief.

Signature

STATE OF ARIZONA)
)
COUNTY OF COCONINO)

Subscribed and sworn or affirmed and acknowledged before me this _____ day of _____, 20____.

Notary Public

Notary Expiration Date

(seal)

CONSENT TO POLYGRAPH EXAMINATION

I, _____, age _____, of my own free will, do voluntarily and without duress agree to submit to a polygraph examination, more commonly known as a "Lie Detector Test".

In the event that I am employed by the Coconino County Adult Probation Department, I do also grant my employer, Coconino County, the right to dismiss me at any time if I refuse to take a polygraph examination during the investigation of any action, claim or grievance against the Coconino County Adult Probation Department, and/or during an internal security investigation by the County of Coconino and/or the Coconino County Adult Probation Department.

I have carefully read all the foregoing and fully understand its content.

Signature _____ Date _____

CONDITIONS OF EMPLOYMENT

Please read carefully before signing below

Pursuant to A.R.S. §39-121, my application and resume may be considered public records and, as such, may be available to any person, including the news media. In submitting this application, I understand that false statements or omissions will disqualify me for employment or cause my subsequent dismissal, and that if I am employed, I will be bonded as an employee of Coconino County. I also understand that, if accepted for employment, I shall be required to sign a loyalty oath in addition to providing proof of identity and eligibility to work in the United States in compliance with the Immigration Reform & Control Act of 1986, as a condition of receiving any compensation from the County. In connection with this application, I authorize all corporations, companies, consumer reporting agencies, credit agencies, education institutions, persons, law enforcement agencies, military services, and former employers to release any information that they may have about me to Coconino County or its agents, and I release them from any liability for doing so. If I accept employment as a non-exempt employee, I agree to work over-time when requested to do so and I understand and agree that over-time may be compensated either by monies or compensatory time off. I further understand that my employment is probationary for a period of one (1) year, and that successful completion of the probation period does not guarantee permanent employment. I must maintain a phone in my principal residence. I understand and agree that my signature on this document does not constitute a contract of employment. I certify that I am not related to a member of the Board of Supervisors.

Signature _____ Date _____

AFFIRMATIVE ACTION INFORMATION

In order to study our recruitment methods for fairness and effectiveness and to comply with Federal guidelines, we respectfully request that you respond to the following questions. The information will be kept confidential and will be used only for those purposes. Completion of the form is voluntary. Refusal to provide this information will not subject you to any adverse treatment.

Position applied for _____ Department _____ Date _____

Name _____ Age _____ Sex: Male ____ Female ____

Race/Ethnic Group (Circle One:) White Black Hispanic Asian American Indian Other (please specify _____)

Where did you first learn about this job?

____ County Job Announcement

____ Dept. of Economic Security (DES)

____ County Employee

____ Newspaper (Please specify _____)

____ A Manpower Program

____ Job Fair (Please specify _____)

____ County Web Site

____ Other (Please specify _____)

____ Other Internet Site (Please specify _____)

Coconino County has an Affirmative Action Program providing civil service preference for the individuals listed below. Please read the definitions and check any that apply to you.

____ Veteran : An individual who is honorably discharged from the U.S. Armed Forces after at least 6 months of active duty.

____ Veteran of the Vietnam Era : An individual who served on duty for a least 180 days during the Vietnam conflict and did not receive a dishonorable discharge.

____ Disabled Individual: A person with a physical or mental impairment which substantially limits one or more major life activities, or an individual with a record of such an impairment.

____ Special Disabled Veteran : An honorably separated veteran who served on active duty, has a service-connected disability, and is receiving compensation benefits.

____ Spouse or Surviving Spouse of :

1) A veteran who died of a service-connected disability;

2) A member of the Armed Forces listed for at least 90 days as missing-in-action; captured by a hostile force, or forcibly detained by a foreign power; or

3) A veteran with a total, permanent service-connected disability or who died while such a disability was in existence.

I understand that in order to be given this preference, I must provide the Human Resources Department with a copy of documentation in support of the above claim before the closing date of the job. (This form itself is NOT considered documentation).

____ I submitted documentation of the above claim on _____ to the Adult Probation Department.
Date

Signature _____

You will need to include the following items in your application packet.

1. Completed Background Inquiry form (both sides) from (3) past employers. Three copies of this form are attached.
2. Your two most current performance evaluations from current and/or past employer.
3. A 5-year Motor Vehicle Division driving report.

We cannot accept any application packets beyond 5:00 PM on the closing date of the opening. Incomplete packets will not be considered.

Return to:

Jim Buzard, Chief Probation Officer
Coconino County Adult Probation Department
110 E. Cherry Ave. (Mail) 222 E. Birch Ave. (in-person)
Flagstaff, Arizona 86001

Coconino County Adult Probation Department
Conditions of Employment

- The initial probationary term is 1 year and that my employment may be terminated at any time within that period without cause.
- I will use my personal vehicle if required for business and will maintain sufficient insurance, license and registration. My driving record will be monitored every two years.
- I will submit to urine testing when requested.
- I will submit to polygraph testing when requested.
- I will submit to fingerprint examination, and criminal history check.
- I will submit to psychological examination upon hire, promotion and upon application to carry a firearm.
- I will submit to credit check in the hiring process.
- I will submit to thorough and complete background check as a part of the hiring process.
- I understand that for probation officer positions, I must satisfactorily complete the probation academy & defensive tactics academy within 1 year.
- I understand that a minimum of 16 hours of COJET training is required annually along with other specific, mandated training requirements that include defensive tactics for safety sensitive positions.
- I will be provided and abide by all policies and procedures of the department along with the code of conduct and the Judicial Personnel manual.

State of Arizona Loyalty Oath

State of Arizona, Coconino County. I _____, do solemnly swear (or affirm) that I will support the constitution of the United States and the constitution and law of Arizona: that I will bear true faith and allegiance to the same, and defend them against all enemies, foreign and domestic, and that I will faithfully and impartially discharge the duties of the office of _____ according to the best of my ability, so help me God (or so I affirm).

I have carefully read all the foregoing and fully understand its contents.

Signature

Date

**COCONINO COUNTY ADULT PROBATION
PAST EMPLOYER BACKGROUND INQUIRY**

Name of Reference	Agency/Company
Title	Relationship
Phone	Name of Applicant
Years Acquainted	

The above applicant has submitted an application for a position with the Coconino County Adult Probation department and is required to submit to a background investigation before being employed by this Department. He/she listed your organization on their job application. Please complete the section below and return within five (5) days. FAX to Jim Buzard at (928) 773-8705.

Position Applying for

Please refer to the attached position description as the context for your responses.

Based on this description, does the candidate have the necessary characteristics to successfully carry out these duties? Yes _____ No _____

If NO, please indicate why.

Please rate the applicant on the following areas and complete comment section.

	<u>Exceeds</u>	<u>High Above Standard</u>	<u>Minimum Performance</u>	<u>Below Standard Performance</u>
Work Performance				
Job knowledge, productivity	_____	_____	_____	_____
Comments:	<hr/>			
	<hr/>			
	<hr/>			
Mission and Service-Oriented				
Comments:	<hr/>			
	<hr/>			

	<u>Exceeds</u>	<u>High Above Standard</u>	<u>Minimum Performance</u>	<u>Below Standard Performance</u>
Integrity/Character Comments: _____ _____	_____	_____	_____	_____
Interpersonal Skills (Peers, clients, supervisors, culturally diverse groups) Comments: _____ _____	_____	_____	_____	_____
Community Involvement and/or Knowledge of Comments: _____ _____	_____	_____	_____	_____
Responsibility (Reliability, act without guidance, answerable for one's behavior) Comments: _____ _____	_____	_____	_____	_____
Planning & Organizational Skills Comments: _____ _____	_____	_____	_____	_____
Adherence to Policy and Procedures Comments: _____ _____	_____	_____	_____	_____
Work Attendance (lack of absenteeism) Comments: _____ _____	_____	_____	_____	_____
Strongest attributes: _____ _____				
Growth Areas: _____ _____				
Do you know of any incidents/disciplinary actions? Yes _____ No _____				
If yes, please explain: _____				
Are you aware of any concerns/charges/incidents of sexual misconduct? Yes _____ No _____				
If yes, please explain: _____				
Eligible for rehire with your company/agency? Yes _____ No _____ N/A _____				
Additional comments that would support the Department hiring this applicant: _____ _____				
Signature of Rater _____			Date _____	

Applicant Self Screening

Please answer the following questions. All information must be verified by information in your application or attachments. This information is only one tool that will be used in screening application packets and ranking applicants.

- A. Education-For 3-4 and 5 you may only score 1 degree. Maximum points is 10.
1. Give yourself 2 points if you have a baccalaureate degree. (Max 2 point)
 2. Add 3 points if you have a masters or higher degree. (Max 3 points)
 3. If either of the above degrees is a major in criminal justice or social work add 5 points.
 4. If the major is in sociology, counseling or psychology add 4 points.
 5. If the major is English, or education add 3 points.

Total Category Points_____

- B. Experience-Rate your full-time jobs that lasted at least one year. Only work history in the past 10 years will be counted. Score only one job that will give you the highest points. Maximum points is 7.
1. If you were an adult probation officer give yourself 7 points.
 2. If you were in another job in an adult probation department that had direct client responsibility give yourself 5 points.
 3. If you were a social worker or a Juvenile probation officer give yourself 4 points.
 4. If you were a police officer, corrections officer or other human service professional, give yourself 3 points.

Total Category Points_____

- C. Work Stability-Look at your work record in the past 10 years only. How long did you hold the longest full-time job within the same agency? Maximum points is 8.
1. 7 or more years.....8pts
 2. 4 to 6 years.....5pts
 3. 3 to 4 years.....4pts
 4. less than 3 years, Full time student give yourself.....1Pt.

Total Category Points_____

- D. Language Fluency relating to the needs of the department. Which language are you fluent in? Maximum points is 5.
2. Spanish/Navajo.....5pts
 3. Hopi/Sign.....3pts.

Total Category Points_____

- E. Computer skills-Rate your fluency and experience in each of the below. Maximum points is 9
1. Formatting, writing and printing word processing documents in Word or Wordperfect 4pts.
 2. Entering, extracting information, and printing reports in Access or local database.....4pts
 3. Excel, Lotus, Powerpoint or other named program. Please name _____1pt

Total Category Points_____

- F. Veteran status-Are you claiming veteran status? DD214 must be included in packet.5pts

Total Category Points_____

- G. Other considerations-Please write in the area below other considerations that you believe would be relevant to your hiring in the Adult probation department. Score only a factor that has not previously been given credit. A maximum of 3 points can be awarded for this category.

.....1,2 or 3 points (circle one)

Total Category Points_____

Please place the total of the category scores in the below box.

Maximum possible score is 47

Total self screening Points

Department use only: Screener Rating-
Maximum of 10 Points for items not already
credited. Identify: _____

Screener Score

Total Score-----

Physical Ability Statement

I understand that I am required to successfully complete all training requirements of the position as established by the Arizona Supreme Court and the Coconino County Adult Probation Department.

I understand that by signing this document, I attest that to the best of my knowledge I am medically and physically able to participate in the Defensive Tactics Training Academy which shall include, at minimum:

- Minor aerobic activity
- Standing for up to 1 hour at a time
- Throwing punches (at partial speed)
- Use of impact weapons
- Kicking at targets below 24"
- Controlled Falls
- Punch and kick drills (partial Speed)
- An exposure to Oleoresin Capsicum (OC) Spray

Applicant Signature

Date

RELEASE OF INFORMATION AGREEMENT

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Coconino County Probation Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public=s interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Coconino Probation Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Coconino County Probation Department, whether said records are of public, private, or of a confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Coconino County Probation Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Coconino County Probation Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Coconino County Probation Department=s acceptance and processing of my application for employment, I agree to hold the Coconino County Probation Department, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Coconino County Probation Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Coconino County Probation Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of six months from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney=s fees, arising out of or by reason of complying with this request.

_____ LAST NAME (Please Print)		_____ FIRST	_____ MIDDLE	
_____ STREET ADDRESS		_____ CITY	_____ STATE	_____ ZIP CODE
_____ (AREA CODE) TELEPHONE NUMBER				
_____ DATE OF BIRTH		_____ SOCIAL SECURITY NUMBER		
_____ SIGNATURE			_____ DATE	